

Care Management Group Limited

Care Management Group - 95 Parchmore Road

Inspection report

95 Parchmore Road
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 30 October 2017 and was unannounced.

95 Parchmore Road is a residential care home that provides accommodation and personal support for up to five adults with a learning disability. There were five men using the service at the time of our inspection.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good. The registered provider demonstrated they continued to meet the regulations and fundamental standards.

People continued to feel safe and well cared for at the service. Risks relating to people's care and support had been assessed and minimised as far as possible. Detailed behaviour plans were in place for people whose actions were assessed as being a risk to themselves and others. Staff completed relevant training on how to support people positively with their behaviours. Staff knew how to recognise and report any concerns they had about people's care and welfare and how to protect them from abuse.

There were enough staff to support people and the provider followed safe recruitment practice to employ suitable staff. People received effective care and support with their needs because staff received ongoing training to keep their knowledge and skills up to date.

People continued to live in a home that was kept clean and well maintained. Regular checks were carried out on the environment and equipment to ensure it was safe and fit for use.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were encouraged to be independent and staff respected their privacy and dignity.

Staff knew people well and how they preferred to be supported. Care plans provided comprehensive information about people's care needs, their likes, dislikes and preferences. People were supported to express their views and were involved in making decisions about their care. Staff understood the different ways people communicated and used communications tools to support their involvement in care planning.

People enjoyed varied social and leisure opportunities that interested them. Staff worked flexibly to support

people with their preferred interests, activities and hobbies. The service promoted and supported people's contact with their families and friends. People and relatives were encouraged to share their views and opinions of the service. Arrangements to deal with complaints were in place should they arise.

People were supported to keep healthy and their nutritional needs and preferences were met. Any changes to their health or wellbeing or accidents and incidents were responded to quickly. Referrals were made to other professionals as necessary to help keep people safe and well. People received their medicines safely and when they needed them.

There was an established registered manager who continued to provide effective leadership. The management of the home was open and transparent. Staff understood their roles and responsibilities and followed the provider's values when supporting people.

The provider used effective systems to monitor the quality and safety of the service and had ongoing plans for improving the service people received. Where improvements were needed or lessons learnt, action was taken. Feedback from people who used the service, relatives, and staff was used to improve their experience.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 30 October 2017 and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included any safeguarding information, complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection was carried out by one inspector. We spoke with three people using the service, the registered manager and four members of staff. Due to their communication needs, other people living at the home were unable to share their direct views and experiences. We observed the interactions between staff and people and reviewed care records for three people.

We looked around the premises and checked records for the management of the service including quality assurance audits and checks, meeting minutes and health and safety records. We checked recruitment records for one member of staff and information about staffing levels, training and supervision. We also reviewed how medicines were managed and the records relating to this.

Following our inspection visit, the registered manager sent us quality assurance information we had

requested. We also contacted two professionals involved with the service to obtain their views about the care provided. They agreed for us to use their feedback and comments in our report.



Our findings

People continued to feel safe living at the service and felt confident to tell staff if they felt unsafe. Staff supported people in raising their awareness about abuse and keeping safe in their home and local community. People had regular meetings with staff where they discussed what abuse meant and how to report their concerns. People were protected from financial abuse. Money was kept safely and what people spent was monitored and accounted for.

The registered manager and staff remained aware of their responsibilities to protect people and report suspected abuse. They showed awareness and understanding of the types of abuse people could experience and knew what action to take. Staff undertook safeguarding training every year to keep up to date with best practice. Policies about protecting people from abuse and whistleblowing provided staff with clear guidance on how to report and manage suspected abuse or raise concerns about poor practice. At the time of our inspection, no safeguarding concerns had been reported to us. Records held by CQC showed the service had made appropriate safeguarding referrals when necessary in the past.

People were supported to take planned risks to promote their independence. Risk assessments were personalised and set out what to do to keep people safe in relation to day to day support and activities. They considered people's individual safety in and outside of the home as well as risks associated with their assessed needs. People had a positive behaviour support plan which explained how to support the person with their emotional and behavioural needs. Staff knew what to do when a person's behaviour might present a risk to themselves or others. This included using distraction techniques such as one to one discussion or engaging a person in an activity.

Accidents and incidents were managed in a way which protected people from the likelihood of them happening again. Staff completed detailed reports and the registered manager recorded any action taken. All accidents and incidents were reported to the provider every month. This was to check for any themes or trends.

People lived in a safe environment that was clean and well maintained. Regular health and safety checks were carried out on all aspects of the premises and equipment which contributed to people's safety. Equipment was regularly maintained and serviced concerning fire, gas and electrical safety, water hygiene and hot water temperatures.

There were arrangements in place to deal with unforeseen events. Appropriate numbers of staff were

trained in first aid and there was an on-call system in the event of emergencies or if staff needed advice and support. Practice evacuation drills were regularly held to help ensure people were aware of what to do in the event of a fire.

People experienced consistent care and support because the staff team had worked in the service for a number of years. There had been one new staff employed in the last twelve months. The provider continued to follow a robust recruitment process and people using the service were involved in this. Records for a newly recruited staff member included evidence of all the required checks such as references and a criminal records check to ensure staff were of good character and suitable for the role.

People told us they received enough staff support and our observations supported this. Staff spent time talking to people, joining in with activities and supporting people in the community. Staffing was planned around people's hobbies, activities and appointments. Where individual needs directed, staff provided one to one support for people either at home or out in the community. The registered manager kept the staff levels under review to ensure there was always the right number of staff on duty to meet people's assessed needs.

People received their medicines as prescribed and the provider managed medicines safely. People had regular medicines reviews with relevant professionals to promote good health. Information about people's medicines was accurate and explained how people preferred to take them. Medicines were administered, stored and disposed of safely. We saw up to date records to support this. Staff had yearly refresher training and their competency to administer medicines was checked every six months to make sure practice was safe. Designated staff had the responsibility for overseeing medicines and undertook regular audits. These audits helped ensure any issues or errors were picked up and addressed promptly.



Our findings

People received effective care and support from staff who were well trained and supported by the registered manager and provider. Since our last inspection staff had continued to keep their knowledge and skills refreshed through ongoing training. New staff completed the Care Certificate (a set of recognised standards) as part of their induction. Further training was arranged to help staff support people and meet their assessed needs. This included training on epilepsy, autism and understanding behaviour that challenged the service. Staff told us training was relevant to their role and they were expected to update key areas of training regularly.

The provider ensured staff were putting their learning into action and remained competent to do their jobs. Staff continued to receive supervision every month and yearly reviews of their work performance. Records were detailed and included discussions about people using the service, day to day issues in the home and personal development needs. Staff told us they felt well supported by the registered manager and had good opportunities to further their skills and learning.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service continued to work within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty were being met.

Throughout our inspection staff offered people choices and supported their decisions about what they wanted to do. Staff understood people's individual communication needs and how they expressed themselves. There were assessments and information about people's mental capacity to make day to day decisions in their care plans. Care plans explained where people could not give consent and what actions were needed to protect and maintain their rights. When people lacked capacity to make a particular decision, records were kept of decisions made in people's best interests.

Policies and guidance were available to staff about the legislation with information displayed about the Mental Capacity Act. Staff showed understanding of their responsibilities and completed MCA and DoLS training every year to support them in their role. The registered manager had assessed where a person may be deprived of their liberty and made applications to the local authority. For example, where people were unable to go out independently and needed staff supervision to keep them safe.

People were supported to eat healthily and participate in meal preparation, menu planning and shopping. People told us they made choices about their meals and liked the food. Care plans included up to date information about people's food preferences, dietary needs and any risks associated with eating and drinking.

People continued to receive effective support with their health care needs. The service was located next door to a GP practice and staff worked closely with professionals to support people's needs. People had access to other health care services they required. Accurate records were kept of appointments and outcomes and any advice or guidance received was reflected in people's care plans. Each person had a health action plan which contained personalised information about their needs.



Our findings

People continued to experience a caring service as they were supported by staff who knew them well and had built positive relationships with them. There was a welcoming, friendly atmosphere and people were relaxed and happy in the company of staff. One person told us staff were "kind" and approachable if they wanted to talk about something. Comments from professionals included, "The staff work in a person centred way. There appears to be a homely atmosphere and structured routines" and "Their needs are well met by a staff team with a positive and person-centred approach who have good leadership from (the registered manager)."

People's choices and preferences were recorded and written in a person centred way. Care plans provided information about what was important or meaningful to the person and included details about people's personal histories and background information. The registered manager and staff showed good knowledge about the people they supported and were able to tell us about people's likes/dislikes, daily routines and interests. Their comments corresponded with what we saw in the care plans.

Staff understood people's different communication needs and what was important to them. Not everybody who used the service was able to express their views verbally. Staff were aware of body language and signs people used to express their needs and feelings and what these were likely to mean. Staff provided reassurance when people needed it, they knew people's routines well and ensured they followed these. There was clear guidance about how people communicated and how staff should respond.

People had opportunities to maintain and develop their independence as far as possible. Staff encouraged and supported people to take part in everyday activities such as shopping, cooking and keeping their home clean and tidy. Individual care and support plans provided staff with guidance on how to promote people's independence.

Where needed, information was made accessible to people. For example, there were easy read leaflets about making complaints and reporting abuse. Care records such as health action plans included photos and plain language to help people understand the information.

People were supported to maintain meaningful relationships with those close to them. Records showed that relatives were welcomed in the home whenever they visited and invited to social events such as parties and other celebrations. Staff helped people to keep in regular contact and visit their relatives. A professional told us, "They (staff) have a positive relationship with a family who are very involved and attend all meetings."

People were treated with respect and staff recognised their need or choice for privacy. During our inspection, people chose where they wished to spend their time. Staff shared examples of how they maintained people's privacy and dignity including knocking on doors and making sure people received personal care in private. Members of staff were assigned roles as champions in dignity in care and communication. Their role was to reinforce other staff members understanding around respecting people's dignity, their means of communication and how to do this. Information held about people was kept confidential and records were stored securely.

The service had completed the "Steps To Success" accreditation for end of life care in residential care homes. Training for staff was facilitated by the local hospice team to give them the skills and knowledge they needed to care for people appropriately. Advanced care plans were being developed with people to ensure that their end of life wishes would be respected. A representative from the team gave positive feedback about the service and the staff's approach to the programme. They commented, "At the beginning they (staff) knew very little about palliative care or advance care planning and pain assessment. Now having completed the programme they now review their residents with a strong focus on both physical and mental health issues." The representative told us how the registered manager had planned ahead and arranged for one person to move to the ground floor. This was following a review when the person's health was thought to be deteriorating and they would not be able to manage the stairs.

Since our last inspection a person who lived for a long time at Parchmore Road had passed away. Staff had supported other people in the service through the bereavement with compassion and sensitivity. The registered manager had considered the communication needs of people who were unable to verbally express their thoughts and feelings. He had obtained a computer programme to enable staff to communicate with people using Makaton (a form of sign language). This enabled staff to discuss the person's death and support people to share their thoughts in a way that was meaningful to them. The hospice representative told us this was an innovative idea that the team would be able to share with other care homes.



Our findings

People continued to experience care and support that was focused on their needs. Since our last inspection, one person had moved in. We reviewed how the service had prepared for their admission. The person was unable to visit the service prior to moving in so two members of staff visited the person's other residential home to get to know them and gather information about their background and needs. The two staff members also worked alongside staff to find out how best to support the person. Assessment records and correspondence confirmed an organised and planned transition for the person.

People were involved in reviewing their care along with their families and other professionals as necessary. Expected outcomes for the person and personal goals were discussed in the review meetings and agreements made as to how this would be achieved. There was clear information recorded as, 'what is working', 'what could work better' and 'plans to make it happen.' Where needs had changed, appropriate action was taken. This included consultation with other relevant professionals and updating people's care and support plans. Comments from professionals supported this. They included, "They keep me apprised of any changes and will request support from me as needed" and "Any request and suggestions or actions agreed have been followed up and I have had a prompt response."

People had key workers who had responsibility for reviewing their support plans and personal goals every month. Key workers were members of staff who took a lead role in co-ordinating a person's care and promoted continuity of support between the staff team. Staff maintained daily records about people's daily experiences, activities, health and well-being and any other significant issues. This helped staff to monitor if the planned care and support met people's needs.

People's diversity, values and human rights were respected. Staff recognised and supported people's individuality and had undertaken training on equalities and diversity. They understood and respected people's individuality, including their beliefs and values. Care records included information about preferences and needs in relation to age, disability, gender, race, religion and belief. Where people were unable to communicate verbally, they were provided with visual aids and communication tools to help them express their views. Examples included pictures, Makaton and Widgit (signs and symbols to help people communicate).

People were supported to do the things they liked to do and continued to take part in varied activities that met their needs and interests. One person told us they had enjoyed recent trips to Brighton and London and they liked going shopping with their keyworker. New experiences had been introduced for people since our

last inspection. This had included visits to a local farm during the summer where people took part in fruit picking. Staff were supporting some people to find voluntary work in their local community.

Staff spoke about people's achievements and progress. One person was working in part time employment and other people had gained confidence to travel further afield and visit new places. Staff had supported one person so they could travel with their family to the country of their birth for a holiday. Another person's anxieties around change had reduced due to providing them with a structured routine and consistent staff support. This had a positive impact for the person and resulted in fewer incidents of unsettled behaviour.

People were involved in decisions about their care and things that happened in the home. Meetings were held every month for people to discuss their care and support. People were asked about the food and things they would like to do such as social trips and activities. At a recent meeting staff had discussed holiday plans with people. Staff also spoke with people about keeping safe and had recently discussed fire safety to ensure everyone knew what to do.

People said they would speak to the registered manager or their keyworker if they felt unhappy about something. People were also encouraged to discuss any concerns or worries through monthly meetings with their keyworker. The complaints procedure was displayed and supplemented with symbols and pictures to help people understand the information. There were details about who to contact and how complaints would be managed. Records showed how the service had managed any complaints with a report of the outcome and any action taken in response.



Our findings

The service continued to be well led and the same registered manager was in post since our last inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection, people often approached the registered manager for advice, support or reassurance. Staff told us they continued to work together as a team and the registered manager often worked alongside staff to support them and monitor their practice. Staff said they could discuss any concerns with the registered manager. Comments we received from professionals included, "The manager at Parchmore I think is very knowledgeable and genuinely caring about his residents" and "My conversations with (registered manager) demonstrated his knowledge/experience and gave me confidence in making the decision to consider this as an appropriate placement."

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager was supported by a deputy manager and all members of the staff team had designated duties. Members of staff had lead roles in areas such as infection control, dignity in care and safeguarding. These staff had received specific training in those areas in order to make sure the service was following best practice. The staff team undertook regular audits to ensure the home's quality and safety. These included audits of medicines, care records, building checks and maintenance issues, fire equipment and other health and safety issues. Where audits identified shortfalls, records showed these were addressed in a timely manner.

Staff meetings were held monthly and minutes made available to all staff members to ensure they were kept up to date. Discussions focused on people's needs, the day-to-day running of the service and information sharing within the organisation such as training, policy updates or changes. Staff used a communication book, shift handover and daily planners to keep informed about any changes to people's well-being or other important events.

The provider had a statement of values which emphasised the importance of respect and empowerment for people. Discussions with the registered manager and staff showed that they understood and worked together to fulfil these values. Staff were provided with a newsletter which kept them up to date on news both locally and nationally within the organisation. The provider had a reward scheme recognising

employees for achievements in the workplace and an annual awards event.

People were involved in developing and shaping the service. The provider held forums for people using their services nationally where they met up and shared experiences. People completed annual surveys about the support they received. The provider also used questionnaires to gain feedback from people's relatives or representatives and staff. They used the information to see if any improvements or changes were needed at the service. The most recent report reflected positive feedback and included a 'vision statement' for the following year. We saw there were plans to upgrade parts of the home and develop the garden area.

The provider continued to use an effective quality assurance system for monitoring all aspects of the service. This helped to identify where the service was doing well and the areas it could improve on. Audits enabled the provider to measure the success in meeting the organisation's aims and objectives and helped ensure that the service was meeting the regulations and fundamental standards of care. The provider regularly looked at incidents and accidents, complaints and safeguarding to identify where any trends or patterns may be emerging.

A regional manager visited the service every three months to ensure that people were provided with good standards of care and support. These visits were used to speak with people and staff, observe practice and to check the environment and records relating to management of the service. Where improvements were identified, the registered manager recorded actions to be undertaken, by who and by when. We saw that progress was kept under review and actions were monitored until completion.

The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. We found the manager had notified us appropriately of any reportable events and the rating from the previous inspection was displayed in the home.